



MARICOPA
INTEGRATED
HEALTH SYSTEM

Count on us to care.

HEALTH PLANS

2502 E. University Drive
Phoenix, AZ 85034-6926

GUIDELINES FOR REQUESTING DIABETIC SUPPLIES (IDDM AND NIDDM) AND OTHER INJECTABLE SUPPLIES

Please follow these guidelines when completing the required Outside/Home Service & Consultation Request form (OSHR) and MIHS-Health Plans qualifying questions for glucose monitors and diabetic supplies. Requests for supplies for other injectables require the same information except for the diabetic screening questions.

The OSHR **must** be signed by the attending physician.

All requests without the attending physician's signature, not completed in full or lack required information **will be returned**.

Type of glucometer/name of glucometer:

Example: One Touch Basic, Accucheck Advantage, Elite, etc.,

Number of times per day the member

- A. Tests (use average times per day rather than range, i.e., 1-4)
- B. Injects (include the number of syringes used each time)

Requests indicating episodes of widely fluctuating blood glucose values must be documented in the physician progress note and attached to the request.

Type and/or Name Of Insulin Syringe and Size (1cc, 2cc) the member uses. Please include the Length and Gauge of Needle (or other description, if necessary).

The dose and name of medication the member is injecting, if other than insulin.

All information must be complete and provided to MIHS-Health Plans prior to processing the request.

Supply requests must be received 7-10 working days in advance to ensure timely delivery.

Only a 30 day supply will be authorized. Also, an attending physician order is required at least every 90 days.

FAX REQUESTS TO (602) 344-8706

MARICOPA INTEGRATED HEALTH SYSTEM-HEALTH PLANS
MEDICARE QUALIFYING QUESTIONS
HOME BLOOD GLUCOSE MONITORS

PATIENT'S NAME: _____

HOME BLOOD GLUCOSE MONITORS

INFORMATION REQUIRED FOR ALL HOME BLOOD GLUCOSE MONITORS:

HEIGHT: _____

WEIGHT: _____

		<u>YES</u>	<u>NO</u>
1.	Is the patient or caregiver capable of using the device?	Y	N
2.	Number of times per day blood sugar is checked? _____	Y	N
3.	If insulin dependent, what size needle and number of injections per day? _____	Y	N